HIPAA – Standard Transactions and Code Sets

TRICARE Management Activity, Information Management

MHS and TRICARE Compliance

The MHS and the TRICARE program are now HIPAA compliant with standard transactions and code sets. A summary of that compliance is described below.

Benefit Enrollment and Maintenance (X12 834)

Enrollments to the TRICARE health plan and its many programs are performed through a direct date entry system called the Defense Online Enrollment System (DOES). The DOES application was upgraded to comply with HIPAA standard by utilizing the data requirements of the X12 834 Implementation Guide.

Eligibility/Benefit Inquiry and Response (X12 270/271)

The Defense Enrollment and Eligibility Reporting System (DEERS) is the source of eligibility and benefit information for TRICARE beneficiaries. The format of the eligibility interface to DEERS was changed to comply with HIPAA standard by following the X12 270/271 implementation guide. All MHS systems that send eligibility inquiries to DEERS and receive responses also implemented the new HIPAA standard. These include the Composite Health Care System (CHCS), the Claims Processing System II (CPS II), and the new Enterprise-Wide Referral and Authorization System (EWRAS) still under development. In addition to MHS systems, the DEERS/Medicaid eligibility match was also changed to the HIPAA compliant format. TRICARE also has a direct date entry application for checking eligibility in DEERS, called the General Inquiry DEERS (GIQD). That application was changed to make it web-based and to comply with the HIPAA standard by utilizing the data requirements in the X12 270/271 Implementation Guide. The TRICARE Managed Care Support Contractors (MCSC) also developed the capability for the Purchased Care Network providers to use the HIPAA standard to inquire about the eligibility/benefits of TRICARE beneficiaries.

Request for Review and Response (Referral and Authorization) (X12 278)

The TRICARE Managed Care Support Contractors (MCSC) developed the capability for providers to request an authorization for a referral using the HIPAA standard X12 278 transaction and to send back the authorization using also using the HIPAA standard. As a provider, the MHS is in the process of developing a new system to be used at all MTFs to make referrals. It is called the Enterprise-wide Referral and Authorization System (EWRAS). It will use the HIPAA X12 278 transaction when sending a request for a referral authorization to the MCSC systems and will receive the authorization back as an X12 278.

TRICARE
Management Activity

Claims and COB (X12 837)

The TRICARE claims processors developed the capability to receive institutional, professional and coordination of benefits (COB) claims electronically using the HIPAA X12 837 standard. They also developed the capability to send COB claims using the HIPAA standard. In addition, the claims processors have direct data entry applications for claims, which were upgraded to comply the HIPAA standards by utilizing the data requirements of the X12 837 implementation guides. The MHS also developed the capability to accept HIPAA standard electronic dental claims into CPS II. As a provider, the MHS made changes to the Third Party Outpatient Collection System (TPOCS) to make it capable of sending third party outpatient claims from the Military Treatment Facilities (MTF) to other health plans using the X12 837 standard. This effort also involved making changes to clinical feeder systems, such as CHCS and CHCS II.

Payment/Remittance Advice (X12 835)

The TRICARE claims processors developed the capability to send payment/remittance advice electronically using the HIPAA X12 835 standard. In addition, the claims processors have direct data entry applications which are capable of providing remittance advice. These were upgraded to comply with the HIPAA standards by utilizing the data requirements of the X12 835 implementation guides. The MHS also developed the capability to send remittance advice using the HIPAA X12 835 standard from CPS II for dental claims.

Claim Status Request and Response (X12 276/277)

The TRICARE claims processors developed the capability to receive a claims status request and send the response electronically using the HIPAA X12 276/277 standard. In addition, the claims processors have direct data entry applications which are capable of providing claims status. These were upgraded to comply with the HIPAA standards by utilizing the data requirements of the X12 276/277 implementation guides. The MHS also developed the capability to receive claims status requests in CPS II and send the response electronically using the HIPAA X12 276/277 standard for dental claims.

Pharmacy (NCPDP 5.1)

The TRICARE pharmacy benefit managers (PBM) developed the capability to receive pharmacy claims electronically using the HIPAA NCPDP 5.1 standard. The MHS also has a central system for maintaining pharmacy information on TRICARE beneficiaries, called the Pharmacy Data Transaction Service (PDTS). Interfaces to PDTS from the PBM systems and from CHCS use the HIPAA standard. CHCS is currently used by the MTF pharmacies.

Payroll Deduction and Other Group Premium Payments for Insurance Products (X12 820)

The HIPAA standard X12 820 is to pay premiums for the TRICARE Dental Program and the TRICARE Retiree dental Program. Once payroll deduction is implemented for the other TRICARE programs, the HIPAA standard will be used.